

experience of any member of the profession, on even the most common practical topics, are worthy of attention, is eminently just; and we cannot but wish that gentlemen called upon to perform duties similar to that of which Dr. P. has so well acquitted himself, would give us plain and honest views of their experience, in the diseases or accidents of every day occurrence, in place of the vain attempts at oratory on thread-bare subjects, which we so frequently meet with.

G. W. N.

ART. XV. *Remarks on the Surgical Practice of Paris.* Illustrated by cases.
By W. O. MARKHAM, M.D., 8vo. pp. 114. London: 1840.

THE work before us constitutes the thesis of the author, to which a gold medal was assigned by the Senatus Academicus of the Edinburg University, at the graduation of 1840. That our readers may be able to judge of its character, we proceed to furnish some extracts from it, premising, however, that by his own confession, Dr. Markham passed but a few months among the Parisians—a time hardly long enough for one well versed in the subject, and of mature mind, much less for “a young and not very experienced observer,” to give an account of the general practice adopted at their hospitals, and pronounce judgment on their surgeons.

Much has been said of M. Louvrier’s apparatus for the cure of ankylosis. The subject is thus noticed by Dr. Markham.

“*Ankylosis.* M. Louvrier’s operation. A woman, 45 years of age, under M. Blandin’s charge at the Hôtel Dieu, had been affected with ankylosis of the knee for ten years, an ankylosis consequent on white swelling. The leg was very much flexed upon the thigh, forming an acute angle with it; motion was almost entirely destroyed; but on rubbing the parts together forcibly, a slight crackling was heard and felt. The back of the condyles, and *not* the lower surface of the femur, rested on the tibia, and the patella was forced on the under surface of the femur, and appeared fixed and united there. All the parts which surrounded, and entered into the composition of the joint, were retracted. Such was the condition of this woman’s knee when she presented herself for relief. Her health was good, and she was willing to undergo any suffering even amputation of the limb, rather than submit to the endurance of this impediment, which rendered her life (always hitherto an active and industrious one) burdensome.

“It was evident, that all the simple and ordinary methods employed for the resolution of ankyloses, were futile in respect to this case, both by reason of the long period of the existence of the malady, and its extent. So grave an operation as amputation, M. Blandin thought was inadmissible, though I believe in like cases it has occasionally been performed at the request of the patient.

“After some discussion it was at last determined, at the particular request of the patient, and after many pressing instances from M. Louvrier, that this gentleman should be permitted to practise his operation (which was much the subject of discussion in Paris at the time) on the knee, though still much against M. Blandin’s opinion.

“The object of M. Louvrier’s operation is, by the aid of powerful machinery, to extend the ankylosed joint, disregarding utterly all impediments, and the nature of these impediments. The apparatus employed, it is impossible to describe, as it is of infinite complexity, and requires much time, labour, and dexterity to arrange; but the principle of its action is plain: The thigh is made a fixed point, and extension is applied to the leg by aid of the two mechanical powers, the screw and the lever, sufficient to reduce the limb from its highly flexed, to a perfectly extended position. What is going on in or about the joint, during the operation, it is impossible to observe, as the whole limb is thickly enveloped in coverings of brass, leather, &c., &c. When the apparatus is adjusted, all that is visible is the limb thus covered, placed in a wooden case,

and resting in a kind of groove, where it slides as it is extended. The operator places himself at the foot of the apparatus, and turns a small wheel, which acts on the leg through the medium of a very strong catgut cord attached to different parts of the leg; the limb gradually redresses itself, and in about two minutes it is perfectly extended. The pain suffered by the patient seemed excessive, and was prolonged by reason of the apparatus breaking in some part during the first attempt. What the force applied was I do not know, but it must have been very great. On examining the limb, when the apparatus was removed, the patella was found free, and the tibia almost entirely thrown *behind* the femur. Conjecture alone could give information as to what had taken place inside the joint. The skin was not torn near the joint, but it was at the heel. Every precaution, after the operation, was taken to anticipate the violent inflammation which might be expected to arise, by the application of leeches, &c., and by placing the limb in a perfectly immovable position. By these, and other antiphlogistic means, the violent constitutional symptoms that arose were subdued, and she (the patient) seemed to rally from the low state into which she had fallen. But it was only an appearance of return to health, and she gradually sunk into a desponding state. The pain in the knee was constant, her nights were often sleepless, her appetite not good, pulse quick, and extreme pallor of the face. She thus continued till she left the hospital, about five months afterwards. The limb then was perfectly useless, and always painful, and could not sustain the slightest pressure of the body; and this woman evidently seemed sinking from some cause, when she demanded her dismissal. It was difficult to give the precise state of the knee, as it was, and had been all along from the time of the operation, enveloped in the starched bandage.

“Two other operations of this nature were performed shortly afterwards, on patients of M. Velpeau at La Charité; one died fifteen days after the operation, it was said, of peritonitis; the other, after a rather longer period. At Hôpital Neckar, another case terminated fatally, through gangrene, I believe, of the limb; and M. Roux mentioned a case where he was called in to perform amputation of the thigh, which had been fractured in a young man during M. Louvrier’s operation.

“Several other cases were mentioned in the journals as occurring in hospitals and private practice, and with different success as to their results.

“It is a matter of no little surprise to find, that it is possible for men of the highest anatomical knowledge and surgical skill, so to lose sight of the first principles of surgery, and admit into their practice (even against their own conviction) an operation of the above nature, where all the elements of scientific reasonings are broken down, and made to yield before the force of brute mechanical power—ligaments ruptured, tendons or muscles rent from their adhesions, muscles torn, arteries or nerves torn asunder, go for nothing in M. Louvrier’s reasoning. He does not deny that all, or any of these accidents may happen; but he affirms that, from some extraordinary circumstance, no evil results arise from their occurrence, basing this assertion on a long list of published successful cases, which, if true, would, indeed, bring a new era into the art of surgery; but as these cases were published under M. Louvrier’s care, and most of them only a short time after the operations were performed; and as one or two well authenticated and isolated cases of success prove nothing, we can place little reliance on this assertion, which is most decidedly opposed to the facts which occurred in the public hospitals, and which do not seem to prove, at least in this instance, that *à priori* scientific reasonings are to yield even to the speciousness of a novel discovery, (as it was called,) embellished by the colours of vaunted continual success.

“In the case of the Hôtel Dieu, M. Blandin argued against the operation, before it was performed, but yet he allowed its accomplishment. This instance, however, made him declare that in a like case he would never admit a like operation; that it is dangerous in the extreme, and contrary to all reasonings. M.

Lisfranc, in his usual warm way, sternly opposed himself to it, and always regarded it as a species of pure empiricism.

“ After writing the above, I was informed of two other recent cases, one at Hôpital Beaujon, where great laceration of the skin, and death was the consequence; and of another in town, where rupture of the popliteal artery, and sphaeculus of the limbs ensued.”

Our next extract concerns a Parisian operator who has long had an unenviable notoriety by his love for cutting.

“ In speaking of cancerous tumours, I might mention that the most formidable do not seem to deter the surgeon in chief of the Hôtel Dieu, (M. Roux,) from attempting their removal. I have seen him remove an encephaloid tumour of the testicle, in its last stage of degeneration, extending towards the abdomen along the course of the cord—a tumour larger than two fists—it was an operation of great difficulty, and of great pain and suffering to the patient, but was performed in a masterly manner, the enormous wound left was covered with charpie, and ulceration and suppuration proceeded their course for a month favourably, when there appeared a small tumour rising up in the centre of the wound, as if proceeding from the abdomen; it increased rapidly, and when it had gained the size of an egg, M. Roux again ordered the patient into the operating theatre, and again removed a tumour; a third was not long in showing itself, and M. Roux at last deeming all attempts to remove an immoveable disease useless, sent the the man into the country to die. This case, as occurring in the hands of the first official surgeon in Paris, must excite no little surprise; but in a scientific point of view, it surely needs no comment.

“ Of the same aspect was another case of fungoid disease, occurring in the femur, where the patient's powers of suffering seemed to me most uselessly put to the test, and his end hastened by an operation. This man presented that well-known aspect which is an infallible indicator of the progress of cancer; the thigh was enormously swelled, and covered with blue veins; a small part of the highest part of the thigh appeared unaffected by the disease, and here M. Roux amputated the limb; the operation was most difficult and prolonged; a very great quantity of venous blood was lost; the man fainted again and again after the operation, and then rallied, but he never recovered from the shock, his face was sunken and pallid and mournful, his pulse quivering, and agitation extreme, and he died on the third day after the operation. The fungoid disease proceeded from the centre of the bone, of which it had completely altered the texture; the muscles also, all around the thigh, could not be distinguished from the diseased mass.”

M. Ricord and his practice are thus spoken of:

“ *Phymosis.* M. Ricord always performs the operation of circumcision in this complaint, when it is possible, but when the phymosis is complete, when the prepuce is small, and tightly applied to the gland, then another operation must be performed. In performing this, M. R. is not content with the common incision, carried along from the opening of the prepuce to the base of the glans, (on the upper part of the penis;) but after making this, he practises another in a parallel direction, on the lower part, at the frenum; then seizes the flap left on either side with a pair of forceps, and cuts them off with the scissors. This operation is long, comparatively, and painful; but M. R. declares that the result, which is really excellent, well repays the extra pain, for scarcely any deformity ensues; and this is of the highest possible importance, added M. R., for there is no part of the body where surgery ought to be more coquettish.

“ In performing this operation (and the same rule applies to all other operations on the penis) the points of the incision should be marked out by nitrate of silver, at the spot where the knife's point should make its appearance at the base of the glans. In circumcision, also, the line of incision should be marked; a narrow, fine, sharp knife should be used. After making these observations, M. R. proceeded to operate on a case of the nature mentioned above, where the prepuce was firmly applied to the glands, and was very short. M. R. unwittingly made use of a very large, dull knife, and did not mark out the point where the incision

ought to terminate. The consequence was, that the knife, when pushed forwards, instead of piercing the skin at the base of the glans, puckered up the skin before it, so that when the knife was forced through, and the incision completed, the skin of the dorsum of the penis was ripped up very nearly to the pubes.

“ M. R. said that he had seen Dupuytren and his own predecessor at the Hôpital du Midi, cut off the glans penis as well as the prepuce, in operating for phymosis, by circumcision.”

The following remarks are made under the head of amputation:

“ As regards the healing of the stump, it is almost impossible to make a comparison between the results of the flap operation, now so generally practised in England, and the results of the circular, as performed at Paris,—for several of the leading surgeons still hold it, both by precept and example, as highly unscientific, to attempt union by the first intention, and their reason is, because this first intention so very often fails;—but why does it fail? No man in *England* can guess; but I think, that if any unbiassed individual will pay a visit to any of the large Parisian hospitals,—follow the changes in the wound of an individual, who has just entered for an injury, being previously in perfect health,—if he will notice the characters which almost every wound takes on—the ever-existing erysipelas, and its distressing consequences, he will at once allow that there exists some other cause than the idiosyncrasy of French limbs, or the particular nature of the healing process itself, to account for its failure. Moreover, are all the rules of the operation properly attended to? I doubt this. The heat in the hospitals is most oppressive;* ventilation, or opening of a window, is not permitted; each bed is covered, above, and on all sides, by curtains; and, what seems almost incredible—certainly incomprehensible—when an individual has undergone an operation, the curtains of his bed are *doubled* on every side, and he is covered up with as much care from all currents of air, as if he were an exotic in the hotbed of a gardener. In one winter Dupuytren lost twenty-one out of twenty-six amputations below the knee. And let any one who wishes to be convinced, visit that hospital at any time, and see erysipelas always present—often raging—in the surgical ward; and he will have much less difficulty than he had before, in understanding why the wounds from operations almost always fail to heal by the first intention. No doubt, the Hôtel Dieu presents the worst picture of Parisian hospitals; but the same circumstances prevail, to a greater or less extent, in every hospital. Moreover, as to the dressings to produce union, are they such as are appropriate? M. Blandin (who is the only gentleman who attempts the first union) says, no; and in fact, accounts for the failure of his *confrères*, through their faultiness on this point. M. Lisfranc never attempts union by the first intention;† and he adds, occasionally, another peculiarity to his operation, viz: slitting down the lower flap, according to the invariable proceeding of Baron Larrey; and this, with the intention of being enabled, when he pleases, and when granulation has commenced at the bottom of the wound, to bring the parts into more perfect contact. The only possible advantage which this addition seemed to me to give, was its allowing free issue to any puriform matter, and preventing any collection taking place. Its obvious inconvenience, in uselessly enlarging the wound, struck me as quite condemnatory of its practice. M. L. always dresses the stump the day following the operation. M. Roux heals stumps by the established method; though now and then he attempts the first intention; but his rule of practice I could not discover. The only good stump I saw in his ward, was one healed by the first intention in fifteen days after the operation. The appearance of a large, red, flat surface, covered with granulations, and often with a bone projecting from the

“ * I have several times seen medical students (who cannot certainly be considered as an hysterical class of beings generally) faint in the Hôtel Dieu during the visit, and have myself frequently experienced excessive weakness and giddiness in the same hospital.”

“ † M. Velpeau has made the attempt, but it has failed in his hands.”

centre, was a curious view to an English eye, and it was one with which I was made quite familiar in M. R.'s wards. The results of his practice, I should say, were unlucky, for I have seen exfoliations of bone take place—abscesses form in all directions—in fact, I believe, never an amputation (where union by granulation was attempted) without some accident. The reason of the frequency of these secondary accidents may, I believe, be in great part sought in the unhealthiness of the Hôtel Dieu, for they happened also to M. Blandin; but in part also, from the nature and conditions of the cases on which M. Roux operates.* Thus, I have seen M. R. amputate an arm below the shoulder, in an individual in the very last stage of hectic and feebleness, and whose whole arm was a mass of suppuration; two days after the amputation, an abscess was opened beneath the *pectoral* muscle, and an enormous quantity of discharge evacuated: the abscess reached in every direction, and the man died on the third day."

The extracts above given are fair specimens of the work. The fondness of the chief surgeon of the Hôtel Dieu for operating in hopeless cases, is matter of notoriety to all visitors to Paris who have followed his clinique, as well as to the French themselves, and should be condemned. The carelessness of M. Ricord, provided the writer be correct, he is justified in exposing, and the results of the murderous treatment lately employed there in cases of ankylosis, the matter of which, we may add, we find confirmed in some of the late periodicals, it is the duty of a writer to make known, and for a passing notice of these and like subjects, we have no fault to find, though we cannot but disapprove of the general spirit of the work, which we think calculated to do injury to the well-earned reputation of Parisian surgeons, and to leave a bad and unjust impression upon the mind of the reader, in regard to French practice generally. Dark points are set out in relief, and dwelt upon; their excellencies are forgotten. Surely in a city like Paris, unequalled, as she is, in her institutions for the relief of misery, and abounding in surgeons able, learned, and devoted beyond parallel to their pursuits, something good and worthy of imitation—something that at least could be well spoken of, might be found by one going there to seek knowledge, and in a work like the present, which professes to notice the surgical practice of its hospitals, more is expected than the mere showing off of the weak points of particular individuals.

G. W. N.

ART. XVI.—*The Elements of Materia Medica, comprehending the Natural History, Preparation, Properties, Effects, and Uses of Medicines. Part II containing the Vegetable and Animal Materia Medica.* By JONATHAN PEREIRA, F. R. S., and L. S., member of the Royal College of Surgeons, &c. London: 1840. 8vo. pp. 891.

It gives us much pleasure to be able to announce the appearance of the second part of Mr. Pereira's great work on *Materia Medica*. This includes the remedies derived from the animal and vegetable kingdoms, and while it has all the merits which we on a former occasion ascribed to the first part of the work, is much more extensive, and more replete with diversified, interesting, and novel information.

Mr. Pereira's treatise evinces much original observation. He has not contented himself, as writers on *materia medica* are apt to do, with merely copying his predecessors, but he has examined carefully for himself, and has drawn his knowledge from the fountain head. We do not mean to say that all, or even a hundredth part of what he has written is entirely original, so far as relates to

"* In giving such free opinions, here as elsewhere, I do trust, that it will be remembered, that they are *but the opinions* of a young, and consequently, not very experienced observer. To have illustrated every opinion by numerous cases, would have been impossible, from the necessary limit of these notes."